

Florida Department of Agriculture and Consumer Services Division of Consumer Services

LP GAS CATEGORY III CYLINDER EXCHANGE OPERATOR LICENSE APPLICATION

Chapter 527, Florida Statutes Rule 5J-20.004, Florida Administrative Code Make Check or Money Order payable to FDACS and remit with form to:

FDACS P.O. Box 6700 Tallahassee, Florida 32314-6700

Select one: 1 year license (\$65)	2 year license (\$130)	3 year license (\$195)	
TO APPLY: Fill this form out completely (PRINT OR TYPE) and return it with all attachments, including the license application fee, to the Bureau of Compliance (850) 921-1600 at the address in the upper right-hand corner.			
Business Name or DBA (Name to be printed on licen	rse): Federal Employer ID I	Federal Employer ID Number (FEIN):	
Physical Address (Address of business to be license	d): Mailing Address (if dif	fferent):	
City, State, Zip, County:	City, State, Zip, Count	ty:	
Telephone:	Email Address:		
Company Name or Corporation:	Company Mailing Add	Company Mailing Address:	
	City, State, Zip:		
Gas Supplier Company Name and Address:	Gas Supplier License	Gas Supplier License #:	
Name:	Gas Supplier Phone #	! :	
Address:			
Has the owner/applicant been convicted or pled nolo contendere to a felony as defined in Rule 5J-20.005, F.A.C., within the last five years? NO YES If yes, please explain.			
PRINT NAME OF OWNER/APPLICANT:	NAME OF PERSON F	PREPARING APPLICATION:	
SIGNATURE OF OWNER/APPLICANT:	PREPARER'S PHONINO:	E PREPARER'S EMAIL ADDRESS:	
DATE OF APPLICATION:	PREPARER'S TITLE	PREPARER'S TITLE OR OFFICE HELD:	
Proof of Insurance or Bond must be enclosed with this application. Minimum insurance of \$300,000 bodily injury liability and property damage liability is required. A \$300,000 surety bond may be submitted in lieu of the required proof of insurance.			
F&A Use Only	E	Org Code: 42 10 06 25 000 O: A2 Object Code: 002102	